



Attorney Docket No.

**Declaration and Power of Attorney  
For Patent Application  
(Sole/Joint)**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought, on the invention entitled

'Amplification of T cells from human cord blood in serum-deprived culture  
stimulated with stem cell factor, interleukin-7 and interleukin-2'

the specification of which (Check One)

\_\_\_ is attached hereto.

OR

☒ was filed on March 30, 2004 as

☒ Application Serial No. 10/812,361

☐ International Application No. PCT/

and was amended on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application..

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT application having a filing date before that of the application on which priority is claimed:

**PRIOR FOREIGN APPLICATION(S)**

**Priority Claimed**

_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	Yes:___ No:
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	Yes:___ No:
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	Yes:___ No:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

APPLICATION NUMBER: \_\_\_\_\_ FILING DATE: \_\_\_\_\_

APPLICATION NUMBER: \_\_\_\_\_ FILING DATE: \_\_\_\_\_

I or we hereby appoint the registered practitioner(s) associated with Customer Number 6449 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence about the application to Customer Number 6449.



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor	___ A petition has been filed for this unsignd inventor.
Given Name (first and middle[if any]) Giovanni	Family Name or Surname MIGLIACCIO
Inventors Signature <i>Giovanni Migliaccio</i>	Date 21-06-04
Residence (City, State, Country) TIVOLI (Roma)	Citizenship Italian

Mailing Address (Street, City, State, Zip or Postal Code, Country)  
Via Sabina s.n., Villa Adriana, I-00019 TIVOLI (Roma) Italy

Name of Second Inventor	___ A petition has been filed for this unsignd inventor.
Given Name (first and middle[if any]) Anna Rita	Family Name or Surname FRANCO MIGLIACCIO
Inventors Signature <i>Anna Rita Franco Migliaccio</i>	Date 21/06/04
Residence (City, State, Country) TIVOLI (Roma)	Citizenship Italian

Mailing Address (Street, City, State, Zip or Postal Code, Country)  
Via Sabina s.n., Villa Adriana, I-00019 TIVOLI (Roma) Italy

Name of Third Inventor	___ A petition has been filed for this unsignd inventor.
Given Name (first and middle[if any]) Massimo	Family Name or Surname SANCHEZ
Inventors Signature <i>Massimo Sanchez</i>	Date 30/06/04
Residence (City, State, Country) ROMA (Italy)	Citizenship Italian

Mailing Address (Street, City, State, Zip or Postal Code, Country)  
Via Lorenzo il Magnifico 80, I-00162 ROMA (Italy)

Name of Fourth Inventor	___ A petition has been filed for this unsignd inventor.
Given Name (first and middle[if any]) Elena	Family Name or Surname ALFANI
Inventors Signature <i>Elena Alfani</i>	Date 21/06/04
Residence (City, State, Country) ROMA (Italy)	Citizenship Italian



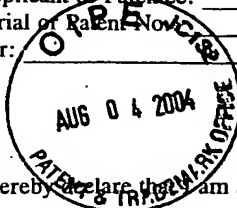
Mailing Address (Street, City, State, Zip or Postal Code, Country)

Via Jambo 40, I-00100 ROMA (Italy)

Patent Application Declaration

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Applicant or Patentee: \_\_\_\_\_ Attorney Docket No: \_\_\_\_\_  
Serial or Patent No: \_\_\_\_\_ Filed or Issued: \_\_\_\_\_  
For: \_\_\_\_\_



**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) and 1.27(d)) - NONPROFIT ORGANIZATION**

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

Name of Organization ISTITUTO SUPERIORE DI SANITA'  
Address of Organization Viale Regina Elena 299, I-00161 ROMA (Italy)

**Type of Organization:**

- ☒ University or Other Institution of Higher Education  
☐ Tax Exempt Under Internal Revenue Service Code 26 USC 501(a) and 501(c)(3)  
☐ Nonprofit Scientific or Educational Under Statute of State of the United States of America  
(Name of State \_\_\_\_\_)  
(Citation of Statute \_\_\_\_\_)  
☐ Would Qualify as Tax Exempt Under Internal Revenue Service Code 26 USC 501(a) and 501(c)(3) If Located in the United States of America  
☐ Would Qualify as Nonprofit Scientific or Educational Under Statute of State of the United States of America If Located in the United States of America  
(Name of State \_\_\_\_\_)  
(Citation of Statute \_\_\_\_\_)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code with regard to the invention entitled 'Amplification of T cells from human cord blood in serum-deprived culture stimulated with stem cell factor, interleukin-7 and interleukin-2'

by inventor(s) Giovanni MIGLIACCIO, Anna Rita FRANCO MIGLIACCIO, Massimo SANCHEZ, Elena ALFANI  
described in

- ☐ the specification filed herewith  
☒ Application Serial No. 10/812,361, filed March 30, 2004  
☐ International Application No. \_\_\_\_\_, filed \_\_\_\_\_  
☐ Patent No. \_\_\_\_\_, issued \_\_\_\_\_

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

\*NOTE: Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

Name \_\_\_\_\_  
Address \_\_\_\_\_

*Individual                      Small Business Concern                      Nonprofit Organization*

Name \_\_\_\_\_  
Address \_\_\_\_\_

*Individual                      Small Business Concern                      Nonprofit Organization*

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING PROF. ENRICO GARACI  
TITLE IN ORGANIZATION PRESIDENTE DELL'ISTITUTO SUPERIORE DI SANITA'  
ADDRESS OF PERSON SIGNING VIA SAZARIA N. 232 I-00198 ROMA (Italy)

Signature [Signature] Date July 8, 2004